

**Best Available Copy**

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	smc		12/2/99
O.I.P.E. CLASSIFIER		5	12/19/99
FORMALITY REVIEW			

## INDEX OF CLAIMS

✓	..... Rejected	N	..... Non-elected
=	..... Allowed	I	..... Interference
-	(Through numeral) Canceled	A	..... Appeal
+	..... Restricted	O	..... Objected

Claim	Original	Date
1	✓	
2	✓	
3	✓	
4	✓	
5	✓	
6	✓	
7	✓	
8	✓	
9	✓	
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95	✓	
96	✓	
97	✓	
98	✓	
99	✓	
100	✓	

Claim	Final	Original	Date
36	✓	✓	10/21/03
37	✓	✓	3/24/03
38	✓	✓	3/24/03
39	✓	✓	3/24/03
40	✓	✓	3/24/03
41	✓	✓	3/24/03
42	✓	✓	3/24/03
43	✓	✓	3/24/03
44	✓	✓	3/24/03
45	✓	✓	3/24/03
46	✓	✓	3/24/03
47	✓	✓	3/24/03
48	✓	✓	3/24/03
49	✓	✓	3/24/03
50	✓	✓	3/24/03
51	✓	✓	3/24/03
52	✓	✓	3/24/03
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54	✓	✓	3/24/03
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56	✓	✓	3/24/03
57	✓	✓	3/24/03
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62	✓	✓	3/24/03
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65	✓	✓	3/24/03
66	✓	✓	3/24/03
67	✓	✓	3/24/03
68	✓	✓	3/24/03
69	✓	✓	3/24/03
70	✓	✓	3/24/03
71	✓	✓	3/24/03
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74	✓	✓	3/24/03
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Claim	Date						
Final Original							
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**If more than 150 claims or 10 actions  
staple additional sheet here**

(1 SET INSIDE)